REMARKS/ARGUMENTS

Claim 1 was rejected under 35 U.S.C. 102(b) as being anticipated by Morris et al., U.S. Patent No. 5,516,781. The Morris patent is specifically directed to the use of rapamycin with the antiproliferative antimetabolite mycophenolic acid.

While the Morris patent does disclose the use of rapamycin with cyclosporin A, it is shown that Morris *failed to produce* any meaningful reduction in intimal thickening using rapamycin with cyclosporin A. (Column 6, lines 64-65) Accordingly, there was no anti-inflammatory effects described in Morris using cyclosporin A. Thus, it is impossible for the Examiner to use Morris as an indication that there is described a stent which has the antiproliferative and anti-inflammatory effect envisioned through the use of these two drugs. Thus, it is respectfully submitted that Morris does not anticipate Claim 1.

Claims 1 and 3-4 were rejected under 35 U.S.C. § 102(a) or (e) as being anticipated by Ragheb et al. in U.S. Patent No. 6,299,604. With the amendment made herein, it is respectfully submitted that Claim 1 is patentable over the art. In particular, Claim 1 describes the antiproliferative agent rapamycin in combination with an anti-inflammatory agent in therapeutic dosage amounts. This is nowhere disclosed in the Ragheb'604 patent. Accordingly, it is respectfully submitted that Ragheb does not render the captioned claims unpatentable.

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The remaining claims were rejected under 35 U.S.C. § 103 using Ragheb as the principal reference. Because Ragheb does not disclose the use of rapamycin, it is respectfully submitted that Ragheb is no longer useful as a primary reference. No other references alone or render Claims 1 and 3-9 unpatentable under 35 U.S.C. § 103.

Respectfully submitted,

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